Notification of Hazardous Waste Site 4 150749

Environmental Protectio Agency Washington DC 20460

This inItial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Form Approved OMB No. 2000-0138 בחו בתות במחתוי

Please type or print in ink. If you need

REF 62

	55 manaca 57 oanto 67 rec				ZL #80	ILS-	000	-001-27
4	Person Required to Notify: Enter the name and address of the person or organization required to notify.		Name MONSANTO COMPANY					
			Street 7	w. G.	Krummrich P	lant		
				Sauge	-		L Zi	code 62201
3	Site Location:	·			/24			<u> </u>
	Enter the common name (if known) and actual location of the site.		Name of Site Si	auget	(Monsanto	Illinois	Landi	111
			Street F	alling	g Springs Ro	ad		
\overline{Z}	20980614176		city Sauge	et	County St.Cl	air State I	.1 zi	p Code 62201
	Person to Contact:				Cirias Dis	h 7 77	•	
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First a	nd Title)	Sinise, Ric	nard H. E	nviro	nmental Eng
			Phone (61)	8) 27	L-5835			
	Dates of Waste Handling:				······································			
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		From (Year) Un	known	To (Year)	1957	· ,—	
	CONCIDITION OF THE CONTRACT OF		Resource Conservation and Recovery regulations (40 CFR Part 261). Specific Type of Waste: EPA has assigned a four-digit numbe listed in the regulations under Section appropriate four-digit number in the list of hazardous wastes and code contacting the EPA Region serving the located.		Resource Conserveregulations (40 Cl Specific Type of EPA has assigned listed in the regul appropriate four-of the list of hazardo	etion and Reco FR Part 261). Waste: a four-digit nu ations under So ligit number in ous wastes and	imber to escribe to boxes codes ca	(RCRA) Section 30 each hazardous we 01 of RCRA. Enter s provided A copy n be obtained by
	• .				ng the St	ate in which the si		
	1. CXOrganics	1. □ M	•					
	 Inorganics Solvents 	2. □ Ci 3. □ Te	onstruction					
	4. D Pesticides	4. □ Fe			<u> </u>			
	5. D Heavy metals		aper/Printing					
	€. □ Acids		eather Tanning	1				
	7. □ Bases	7. 🗆 Jr.	on/Steel Foundr	Y	 			
	8. D PCBs	8. 🕱 C	hemical, Genera	1				
	9. 🗆 Mixed Municipal Waste		lating/Polishing					
	10. & Unknown		lilitary/Ammunit	i i				
	11. Other (Specify)		lectrical Conduct	ors				
			ransformers	}	000	_		
			tility Companies anitary/Refuse		n h 0	032 JUN	-Ω R I	
			anitary/ neiuse hotofinish	ł	The state of the s	- 2 0011	0 01	
			ab/Hospital	-		2		
	•	17. 🗇 U]		ø <u>.</u>		
			ther (Specify)			032 JUN		

_									
	y Quantity:	Facility Type	Total Facility Waste	Total Facility Waste Amount					
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. Piles	cubic feet						
	In the "total facility waste amount" space	2. ☐ Land Treatment 3. XD Landfill	gallons Unknowl	n					
	give the estimated combined quantity	4. Tanks		14					
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. 🗆 Impoundment	Total Facility Area						
	In the "total facility area" space, give the	6. D Underground Injection	square feet						
	estimated area size which the facilities occupy using square feet or acres.	 7. □ Drums, Above Ground 8. ✗ Drums, Below Ground 	acres Unknows	.11 					
	3 3 4 2 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	9. D Other (Specify)							
	Known Suspected or Likely Releases	to the Environment:							
•	Known, Suspected or Likely Releases to the Environment: Place an X in the appropriate boxes to indicate any known, suspected, Known Suspected Likely								
	or likely releases of wastes to the environm	Do Not Know	sa D Likely D No						
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and asses hazardous waste sites. Although completing the items is not required, you are encouraged to do so.								
4	Sketch Map of Site Location: (Optional)								
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	•							
	•								
			analisad til der so over						
	•	•							
	Description of Site: (Optional)								
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.								
			1981 80 MILE						
			7						
			φ,						
			. 98	,					
J	Signature and Title:								
	The person or authorized representative (such as plant managers, superintendents,	Name J. W. MOLLOY PLANT	Owner, Present						
	trustees or attorneys) of persons required to notify must sign the form and provide a	Street W.G. KRUMMRICH PLANT	□ Owner, Past X Transporter □ Operator, Prese						
	mailing address (if different than address in item A). For other persons providing	City SAUGET Sizi							
	notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	Signaille MMallo	1.10	Operator, Past Other					
	required to notify. If you are not required		Date J // J / 8/						

DO NOT

REMOVE

THIS

PAGE!

RECEIVED BY DYNCORP March 29,1995 D511746**RFW**442